

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36505

STATE FILE NUMBER

FILED OCT 29 1957

Registration District No. 170

Primary Registration District No. 5630

Registrar's No. 774

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Lebanon</u>		c. CITY OR TOWN <u>Decaturville</u> 0158	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long's Rest Home</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route</u>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Thomas</u> Last <u>Thomas</u>		4. DATE OF DEATH Month <u>Oct.</u> Day <u>17</u> Year <u>1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 5, 1878</u> 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Camden Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Edwin Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Parish</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>C. D. Thomas</u> Address <u>Julesa, Okla.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture left hip</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): DUE TO (c): <u>F 9047/45</u>			
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>mild diabetes; marked arteriosclerosis</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Fell to floor + hurt left hip</u>		
20c. TIME OF INJURY Hour <u>9-22-57</u> a.m. <u>9-22-57</u> p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at Long's nursing home</u>		
20f. CITY, TOWN, OR LOCATION <u>Lebanon, Mo.</u>		COUNTY <u>Laclede</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>9-26-57</u> to <u>10-17-57</u> and last saw him alive on <u>10-15-57</u> Death occurred at <u>12:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE: <u>R B Hurst, M.D.</u> (Degree or title)		22b. ADDRESS <u>Lebanon, Mo.</u>	
22c. DATE SIGNED <u>10-20-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/20/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery near Decaturville, Mo.</u>	
23d. LOCATION (City, town, or county) <u>Lebanon, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Holman Lebanon, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-20-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>			

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

24  
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Received 10-28-57

Laclede County Health Unit

File No. 174

Date Filed 10-28-57

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.